STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH BURRAU OF HEALTH SYSTEM REGULATION DIVISION OF MEDICAL QUALITY ASSURANCE

In Re: Leonard Vigliatore, R.P.T.

License No.: 004812 6 Fallwood Parkway Farmingdale, NY 11735 Petition No.: 951012-14-005

VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT

Leonard Vigliatore, being duly sworn, deposes and says:

- 1. I am over the age of majority and understand the obligations of an oath
- 2. I make this affidavit on the basis of personal knowledge.
- 3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice physical therapy. I presently hold license number 004812.
- 4. I hereby voluntarily surrender my license to practice physical therapy to the Department.
- 5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 951012-14-005 shall be deemed true, and I must apply to the Department which shall have absolute discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions.
- 6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request by the Department.
- 7. I understand and agree that this affidavit and the case file in Petition
 Number 951012-14-005 are public documents, and I am executing this affidavit
 in settlement of the allegations contained in the above-referenced petition.

- 8. I understand that this affidavit is not effective unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 951012-14-005.
- 10. I understand that I have the right to consult with an attorney prior to signing this affidavit.

(Name) , R.P.T.

Subscribed and sworn to before me this

_day of U

1995



DONALD J. CANTALINO

Notary Public, State of New York

Qualified in Suffolk County #4739183

My Comm. Expires Dec. 31, 19

Accepted:

Stanley R. Peck, Director
Division of Medical Quality
Assurance

Notary Public

Commissioner of Superior Court

Date

BEP 1402Q/48 10/95